(c).Yes, Sir the number of medical colleges in India.have increased from 98 in 1971-72 *to* 120 in 1991-92. As per in-formation available? with Central Bureau of Health Intelligence, the number o£-doctprs registered with the Medical Coun-cil of India for-the last -3 years is given below (As on 31st December) :

1989	1990	1991
352196	365000	411759

(d) The information will be collected and laid on the table of the House.

(e) The Government have recently issued an Ordinance' providing that prior approval of the Government is necessary before opening a newrriedical college staring' a new or higher course of study and increasing the admission tapacity in existing medical colleges. The iiidiViduals/insti-tutions desirous of opening new medical colleges: h-we to apply to the Central Government'iff" a form'of Scheme which is being formulatedin consultation with the Medical'Council'of Indie, which also applies to the State of* Maharashtra and Karnataka. , A Committee of the National Development Council- on -Medical Education has been constituted to interalia consider .the. production and need of health manpower in the country.

Introduction of Hepatitis B Vaccination for Child Immunisation Programme

2433. SHRI MENTAY PADMANABHAM : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state , whether any proposals are under Government's consideration to introduce Hepatitis B vaccination in the country's child immunisation programme;

(b) what is the status of this proposal; and

(c) the schedule of implementation of this programme ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) No, Sir.

(b) and (c) Does not arise.

टिक्कू समिति का प्रतिवेदन

2434. डा० जितेन्द्र कुमार जैन :
श्रीमती सुषमा स्वराज :
श्री राम जेठमलानी :

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार ने सरकारी डाक्टरों को पेश आ रही कठिनाइयों के संबंध में सुझाव देने के लिए कुछ वर्ष पूर्व "टिक्कू समिति" का गठन किया था :

(ख) यदि हां, तो यह समिति कब गठित की गयी थी;

(ग) क्या सरकार को इस समिति से प्रतिवेदन प्राप्त हो गया है;

(घ) यदि हां, तो कब;

(ङ) क्या सरकार ने उन सिफारिशों को लागू करने के संबंध में कोई निर्णय किए हैं ;

(च) यदि नहीं, तो उसके क्या कारण हैं और उन्हें लागू करने की क्या-क्या संभावनाएं हैं ;

(छ) क्या यह भी सच है कि सरकार ने "टिक्कू समिति" की सिफारिशों पर पुनः विचार करने के लिए एक अन्य उप-समिति का गठन किया है;

(ज) यदि हां, तो यह उप-समिति कब गठित की गयी थी और इससे अपना प्रतिवेदन देने के लिए कब तक की अवधि निर्धारित की गई है; और

(झ) क्या यह सच है कि डाक्टरों की असुविधाओं को दूर करने के लिए सरकार द्वारा किए जा रहे उपायों के अत्याधिक दीर्घकालीन होने के कारण डाक्टरों में असंतोष फैल रहा है; यदि हां, तो इस संबंध में सरकार की क्या प्रतिक्रिया है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारादेवी सिद्धार्थ) :

(क) से (च) सेवारत डाक्टरों की सेवाओं में सुधार करने और उससे संबंधित मामलों के सभी पक्षों की जांच करने के लिए श्री आर० के० टिक्कू की अध्यक्षता में दिनांक 3-5-1990 को एक उच्चाधिकार प्राप्त समिति का गठन किया गया था। समिति ने दिनांक 1-11-1990 को सरकार के समक्ष अपनी रिपोर्ट प्रस्तुत की। सरकार ने दिनांक 14-11-1991 की सिफारिशों पर अपने निर्णयों की घोषणा की :

(छ) जी नहीं।

(ज) यह प्रश्न नहीं उठता।

(झ) सेवारत डाक्टरों की भावी सेवाओं और उनकी सेवा संबंधी शर्तों में सरकार द्वारा की गई कार्रवाई से उल्लेखनीय सुधार आया है, जो इस समय समूह "क" की अन्य केन्द्रीय सेवाओं के समान हैं और इस प्रकार यह उनकी वैद्य मांगों के अनुरूप हैं।

Increasing menace of Mosquitoes in Delhi

2435. SHRI INDER KUMAR GUJRAL :

WiU the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government's attention has been drawn towards the increasing menace of mosquitoes in Delhi causing serious health problems;

(b) whether it is,, a fact that an open Nallah near iht Friend Colony in Delhi, breeds a large part of this mcaace causing heanh haaaudsj

(c) whether any representations have been made by the residents societies for covering it; and

(d) whether' it is also a fast that the Municipal Corporation of Delhi has decided to cover it two years back and no further action has so far been taken in this regard ?

THE MINISTER OF STATE IN THE MINISTRY OF .HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) There is no increasing menace of mosquitoes in Delhi causing serieus health problems.

(b) Though the open Nallah near the Friends *Colony is* a potential breeding is checked and kept under control with weekly application of appropriate chemicals and is not posing health hazards.

(c) Yes.

(d) As per information received from the Municipal Corporation of Delhi, a scheme for coverirfg the Nallah has been approved in principal subject to it being remunerative. Delay in execution is on account of removal of encroachments.

Incentives and Dis-incemives muter the Family Welfare Programme

2436, SHRIMATI MIRA DAS :

SHRI SHANKAR DAYAL SINGH :

SHRI P. UPENDRA :

SHRI MUHAMMAD MASOOD KHAN :

SHRI CHIMANgHAI MEHTA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the details of incentives and dis-incentives Under the Family Planning Programme which have been formulated; and

(b) what steps are being taken by Go vernment in view of the alarming situation, of the estimated provisional population which as per 1991 census was around 844 million and after 15 months it went upto 882 million?

THE MINISTER OF STATE IN THE MINISTRY, OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA

DEVI SIDDHARTHA) : (a) The details of incentives/disincentives being given under the Family Welfare Programme are provided at attached statement. *[See* below]

(b) To impart a new dynamism to the Family Welfare Programme, an Action Plan evolved by the Ministry of Health and Family Welfare has been accepted by all State Ministers of Health and Family Welfare.;The need for evolving a national sonsensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society has been recognised. The Action Plan has to be operationalised by the State Governments. It key features include, (1) improving the quality and outreach of family welfare services, (2) differential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census), (3) developing a mechanism to make available founds to States/UTs on the basis of reduction of actual birth rate, (4) increasing the coverage of younger age couples through vigorous promotion of spacing methods, (5) introducing new contraceptives and improving the quality of contraceptives, (6) strengthening family welfare scheme in urban areas especially in stum pockets, (7) revitalising training activities of medical /para-medtcal peisoa-nel with emphasis on motivational and counselling aspects, (8) sustaining the good-work done under the Universal Immunization Proerarnme and strengthning of other interventions for Maternal and Child Health Care (9) reorientation of information, education and communication efforts to focus on the aualitv of life issues and inter-nersonal communication, (10) in-volvine voluntary and non-eovermemal organisations' in a big way to oromote active community participation in the programme, (11) searins up of the implementation machinery in the States/UTs and (12) evolvine hieh level inter-sectoral coordination Mechanism at the national state and district levels etc

Statement

Existing Incentives/Disincentive under the Family Welfare Programme

(a) *Incentives for the Central Government Employees* : Central Government employees who undergo sterilisation with three or less number of children are eligible for the following incentives :

(1) A special increment in the form of personal pay not to be absorbed in future increases of pay;

(2) Reduction of half per cent on the rate of interest on house building advance.

(3) Special casual leave upto seven days in respect of male employees and upto fourteen days in respect of female employees.

As regards disincentives for Government servants, maternity leave is not available for the birth of the third or subsequent child.

These incentives/disincentives are also available for employees of public sector undertakings. Many State Governments and UT Administrations have also introduced similar scheme for their own employees,

(b) *Incentives/Disincentives for General public :* As far as the Central Government is concerned, compensation for loss of wages for sterilisation/IUD insertion is given to the acceptors. States/UTs are paid Rs. 200/- per tubectomy, Rs. 180/-per vasectomy and Rs. 12/- for IUD insertion in each case. Out of these 100/- for sterilisation and Rs. 9/- for IUD insertion is passed on to the acceptors.

(c) Some State Governments have introduced incentive schemes like (i) Green Card Scheme (ii) Lottery Scheme and (iii) Long term maturity bond scheme.

(i) Under the Green Card Scheme acceptors of sterilisation having upto two children are issued Green Cards which entitle them for preferential treatment for sanc tion of loans, grant of subsidies house allotment, medical benefits, education facilities for children etc.

(ii) Under the Lottery Scheme acceptors of sterilisation having Upto two children are entitled to participate in lotteries with a monetary prize from time to time.